



STATEMENT OF ECONOMIC INTERESTS  
FILED

RECEIVED Date Received  
FOR POLITICAL Official Use Only  
PRACTICES COMMISSION

COVER PAGE

Please type or print in ink.

12 MAR 30 PM 5:08

12 APR -5 PM 1:45

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Kim SAN FRANCISCO  
ETHICS COMMISSION

1. Office, Agency, or Court

Agency Name  
City and County of San Francisco  
Division, Board, Department, District, if applicable  
Board of Supervisors  
Your Position  
Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See attached Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State  
☐ Multi-County  
☒ City of San Francisco  
☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☒ County of San Francisco  
☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2011, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_ Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_

- ☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule D - Income - Gifts - schedule attached  
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/27/12  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jane Kim

► NAME OF SOURCE

San Francisco Symphony

ADDRESS (Business Address Acceptable)

Davies Symphony Hall, SF, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 7 / 11	\$ 280	Tickets (2)
/  /	\$	
/  /	\$	

► NAME OF SOURCE

SF Jazz

ADDRESS (Business Address Acceptable)

3 Embarcadero Center SF, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 11	\$ 75	Ticket
12 / 10 / 11	\$ 37	Ticket
/  /	\$	

► NAME OF SOURCE

Treasure Island Music Festival

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 11	\$ 119.50	One Day Pass
/  /	\$	
/  /	\$	

► NAME OF SOURCE

SF Airport Commission

ADDRESS (Business Address Acceptable)

P.O. Box 8097

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 2 / 11	\$ 33	Parking
7 / 3 / 11	\$ 33	II
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jane Kim

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE  
Greenlining Institute  
ADDRESS (Business Address Acceptable)  
1918 University Avenue  
CITY AND STATE  
Berkeley, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)  
Nonprofit  
DATE(S): 5 / 12 / 11 - 5 / 13 / 11 AMT: \$ 703.75  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☒ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

▶ NAME OF SOURCE  
Korean American Economic Development Center  
ADDRESS (Business Address Acceptable)  
3700 Wilshire Blvd.  
CITY AND STATE  
Los Angeles, CA 90010  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)  
Nonprofit  
DATE(S): 6 / 3 / 11 - 6 / 4 / 11 AMT: \$ 542.40  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☒ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

▶ NAME OF SOURCE  
New American Leaders Project  
ADDRESS (Business Address Acceptable)  
666 West End Avenue  
CITY AND STATE  
New York, NY  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)  
Nonprofit  
DATE(S): 5 / 6 / 11 - 5 / 6 / 11 AMT: \$ 464.40  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☒ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

▶ NAME OF SOURCE  
Black Rock City LLC  
ADDRESS (Business Address Acceptable)  
955 Market Street  
CITY AND STATE  
San Francisco, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
Production Company  
DATE(S): 9 / 1 / 11 - 9 / 2 / 11 AMT: \$ 255.00  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☒ Other - Provide Description  
Invited by the Burning Man Arts Festival to evaluate  
the partnership opportunities with the Arts community.

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jane Kim

- You must mark either the gift or income box.
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► NAME OF SOURCE

Michael Budincich

ADDRESS (Business Address Acceptable)

140 N. Hill Avenue

CITY AND STATE

Pasadena, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Chiropractor

DATE(S): 9 / 1 / 11 - 9 / 2 / 11 AMT: \$ 300.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Dr. Budincich, owner of the plane, provided the flight to Black Rock City as a separate gift.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments:

**California Form 700**  
**Supervisor Jane Kim**

**1. Office, Agency or Court**

Transbay Joint Powers Authority – Chair

San Francisco County Transportation Authority – Member

Treasure Island Development Authority – Ex Officio